

**(Transportation Systems) – Standard No. VII**

**FORM 10-607 (Rev. 6/82)**

Concid#:		Name of Concessioner:	
Region:		Facility/Service:	
Year of Evaluation:			

**NOTICE TO CONCESSIONER:** The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

**ELEMENTS/CLASSIFICATION**  
**Check (Box) in space provided - applicable elements (APP.)**  
**Check (Box) in space provided - those which are deficient (DEF.)**

Element A. FACILITY EXTERIOR						Element D. RATES			
		APP.		DEF.				APP. DEF.	
1.	Structure Condition (B)					13.	Authorized Rates (A)		
2.	Grounds (B)					14.	Posting of Rates (B)		
3.	Public Signs (C)					Elements E. VEHICLES & VESSELS			
4.	Garbage and Trash (B)								
Element B. FACILITY INTERIOR				APP. DEF.		15.	Maintenance (B)		
5.	Public Restrooms (A)					16.	Regulations (A)		
6.	Public Signs (C)					17.	Interpretation (B)		
7.	Public and Other Areas (B)					Element F. OTHER			
Element C. OPERATIONAL				APP. DEF.		18.	Beverage Container Program (B)		
8.	Employee Performance (A)								
9.	Employee Attitude (A)								
10.	Employee Appearance (A)								
11.	Operating Hours (B)								
12.	Staffing (A)								
ITEM #	EVALUATION OBSERVATION						CORRECTED BY (Date)	CORRECTED BY (Date)	
EVALUATION DATE		# OF OBSERVATIONS BY CLASSIFICATIONS				NUMERIC PERIODIC RATING		NPS EVALUATOR SIGNATURE	
INITIAL		A	B	C		Preliminary			
FOLLOW-UP						Final			
REMARKS:									